

**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
PESTICIDE CONTROL PROGRAM
P.O.BOX 411, TRENTON, NJ 08625-0411**

MOSQUITO/FLY CONTROL PERMIT APPLICATION

Please see additional instructions for the proper completion of this application.

Office Use Only!	
Permit #	

1. Person/Organization Requesting Treatment:

Name of Organization
Contact Person's Name
Address
City State Zip Code
Telephone#

2. Organization/Applicator Business Performing Application:

Applicator's Name and License #	
Applicator Business Name and License #	
Address	
City State Zip Code	
Telephone#	Fax#

3. Type of Application: Larviciding (), Adulticiding (), Both ()

4. Location of Area to be Treated:

County Township/Municipality

5. Area to be Treated (target site):

6. Target Pest(s) (specify species):

7. Method for Determining when to spray: Dipper (), Bite Count (), Trap Count (), Complaints (), Other _____

8. Pesticide(s) Proposed for Use:

Product Name	EPA Reg.#	Dilution	Application Rate	Application Method

9. Attach a sketch or map of the treatment area with the specific area(s), described in #5 above, clearly marked.

The applicator certifies the truth of the above statements, agrees to follow the most current label directions for the pesticides to be used, is responsible for all damages which may occur when proposed treatments are performed, agrees to abide by all conditions as specified upon approval of this permit, agrees to make applications in accordance with the applicable Guidelines of the New Jersey Agricultural Experiment Station, and agrees to submit records of application to the County Mosquito Control Agency and Pesticide Control Program within 3 weeks of the application.

Applicator Name (print)

Applicator Signature

Date

THIS IS NOT A VALID PERMIT UNLESS AN APPROVAL PAGE IS ATTACHED, SIGNED AND STAMPED "VALID".

FOR COUNTY MOSQUITO AGENCY USE ONLY

10. Application Equipment:

Make	Model	Serial #

11. Is application equipment properly calibrated & maintained? Yes () No () MMD _____

12. Is this control program recommended? Yes () No ()

13. Comments on #12 above: _____

Authorized Signature of County Mosquito Official

Date _____

NOTE: THE COUNTY MOSQUITO CONTROL AGENCY IS NOT LIABLE FOR ANY ACTION BY THE APPLICANT IF THIS PERMIT IS APPROVED.

**FOR NEW JERSEY STATE OFFICE OF MOSQUITO CONTROL COORDINATION
USE ONLY**

14. Is this control program recommended? Yes () No ()

15. Comments on #14 above:

Authorized Signature of State Mosquito Official

Date _____

NOTE: THE NEW JERSEY OFFICE OF MOSQUITO CONTROL COORDINATION IS NOT LIABLE FOR ANY ACTION BY THE APPLICANT IF THIS PERMIT IS APPROVED.